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MAR 23 2005

In the United States Patent and Trademark Office

Serial No. 10/043,423

Filing Date: 01/10/2002

5 Title: DRIVE SHAFT COUPLING

Examiner: Binda, Gregory

10 Applicant: WHITE, Patrick M.

GA No.: 3679

Atty docket no: 1.P566.25

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CERTIFICATE OF TRANSMISSION UNDER 37 CFR §1.8. I hereby certify that this correspondence is being  
facsimile transmitted to the Patent and Trademark OfficeOn March 23, 2005

20

Typed or printed name of person signing this certificate: J. MoeteliSignature of person signing this certificate: [Signature]

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**SECOND AFTER FINAL AMENDMENT AND REQUEST FOR  
RECONSIDERATION AND A FORM PTOL-413A INTERVIEW**

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Via facsimile to 001-703-872-9306, to:

Assistant Commissioner for Patents  
2011 South Clark Place  
Crystal Plaza Two, Lobby Room 1B03  
Arlington, Virginia 22202  
U.S.A.

35 Dear Sir:

Applicant again thanks the Examiner for his Advisory Action dated  
February 10, 2005, responsive to our communication dated 31 January 2005 (in  
response to your final action of December 8<sup>th</sup>, 2004) and for his kind attention  
during an informal telecon. In response thereto, Applicant requests that the

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following amendments be entered:

03/29/2005 SGARNETT 00000004 500800 10043423  
01 FC:1251 120.00 DA

03/29/2005 SGARNETT 00000004 500800 10043423

01 FC:2251 60.00 DA

03/29/2005 SGARNETT 00000004 500800 10043423  
01 FC:1251 120.00 CR  
Void date: 03/29/2005 SGARNETT

**PATENT APPLICATION FEE DETERMINATION RECORD**  
Effective October 1, 2001

Application or Docket Number

10/043423  
1.P566.25

**CLAIMS AS FILED - PART I**

(Column 1) (Column 2)

TOTAL CLAIMS	62	
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	62 minus 20 =	42
INDEPENDENT CLAIMS	6 minus 3 =	3
MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/>		

\* If the difference in column 1 is less than zero, enter "0" in column 2

**CLAIMS AS AMENDED - PART II**

(Column 1) (Column 2) (Column 3)

AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	62	62	-
Independent	6	6	-
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

**BEST AVAILABLE COPY**

1.31.05

AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	62	62	=
Independent	6	6	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

3.23.05

AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	62	62	=
Independent	6	6	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

- \* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
  - \* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
  - \* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
- The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

SMALL ENTITY TYPE ☐ OR

OTHER THAN SMALL ENTITY

RATE	FEE		RATE	FEE
BASIC FEE	370.00	OR	BASIC FEE	740.00
X\$ 9=	378	OR	X\$18=	
X42=	26	OR	X84=	
+140=		OR	+280=	
TOTAL	274	OR	TOTAL	

SMALL ENTITY OR OTHER THAN SMALL ENTITY

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X\$ 9=		OR	X\$18=	
X42=		OR	X84=	
+140=		OR	+280=	
TOTAL		OR	TOTAL	
ADDIT. FEE		OR	ADDIT. FEE	

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X\$ 9=		OR	X\$18=	
X42=		OR	X84=	
+140=		OR	+280=	
TOTAL		OR	TOTAL	
ADDIT. FEE		OR	ADDIT. FEE	

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X\$ 9=		OR	X\$18=	
X42=		OR	X84=	
+140=		OR	+280=	
TOTAL		OR	TOTAL	
ADDIT. FEE		OR	ADDIT. FEE	